

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036026  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

8811

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR  
TOWN

St. Louis.

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

6301 Wyoming Str.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

6301 Wyoming Str.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ALFREDO (ALFRED)

CINCIRIPINI (PINI)

4. DATE OF DEATH

Month

Day

Year

Sept.

10th.

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-13-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner-Retd

10b. KIND OF BUSINESS OR INDUSTRY

Italian News Pub.Co.

Italy

(N.C.)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Domenico Cinciripini

13b. MOTHER'S MAIDEN NAME

Josephine Giglioli

14. NAME OF HUSBAND OR WIFE

Seconda Cinciripini

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Miss Josephine Cinciripini-6301 Wyoming

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of lung

INTERVAL BETWEEN ONSET AND DEATH

4 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from July 1960 to Sept 10, 1962

and last saw her alive on 9-10-62

Death occurred at 8:25 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Sept. 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Resurrection

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser-4228 S.Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

SEP 12 1962

26. REGISTRAR'S SIGNATURE

Roald Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

9/28/62

Giglioli

Josephine Girolami

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.